

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27315

2973

FILED SEP 12 1941

Registration District No. 579

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4520 Holmes Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 7 Years
years, months or days)

3. (a) PRINT
FULL NAME

Mrs. Allene Gladys Johnson

3. (b) If veteran,
name war No

3. (c) Social Security
No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,
divorced Married
(b) Name of husband or wife Mr. Arthur W. Johnson 6. (c) Age of husband or wife if
alive 65 years
7. Birth date of deceased September 27 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 6 _____ hr. _____ min.

9. Birthplace Richland Center / Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name James Edward Coffland
13. Birthplace Belmont / Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Belle Trussell
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur W. Johnson
(b) Address 4520 Holmes

17. (a) Burial (b) Date thereof Aug 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director W. V. Newcomer, Jr.
(b) Address 1401 Brush Creek Blvd.

19. (a) 8/5/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 4520 Holmes Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd
1941 year hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from
Nov. 40 to Aug. 2 1941
that I last saw her alive on Aug. 2 1941
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Central Hemorrhage 1 day
Hypertension

Due to Interventricular rupture

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature H. P. Ray (M. D. Aug 9)
Address 1116 E. 1st St. St. Louis Date signed 8/4/41

Dr. H.P. Brough
Professional B

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address.....
K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.